

U.S. DepartmentJustice Drug EnforcementAdministion

Red Ribbon Week Patch Activity Report



This form certifies your completion of all program requirements. Complete this form by Monday, November 14, 2016 to receive your DEA Ribbon Week Patches.

Scout unit or troop number	Council Name	
Troop's mailing address (print)		
City	State	Zip Code
To ensure that you receive the pa	atches, please enter the ad	ldress where you would like to receive the number, city, state and zip code or APO
Troop's e-mail address (Print):		
Number of Boy Scouts or Girl Sco	outs that took the drug free p	rug prevention session:
Please describe the Red Ribbon W	eek activity/event your troc	op or unit sponsored:
Approximately how many particip	ants attended your Red Rib	bon Week activity?
Did you partner with anyone?	Yes No	
If so, please mark all that a	pply:	
Business/Corporati	ion	
School		
Government Agen	cy (city, county, state, or fe	deral)
Civic organization	/non-profit	
Faith-based organi	zation	
Coalition		
Other		

Please describe the anti-drug prevention education session attended by the scouts (i.e. <i>discussion</i> , <i>lecture</i> , etc.):
Are you planning to participate in next year's Red Ribbon Week? Yes No
Is there existing that you recommend to improve DEA's Dad Dibban Week Datab are grown for
Is there anything that you recommend to improve DEA's Red Ribbon Week Patch program for next year?

Email completed forms to Demand.Reduction @usdoj.gov

Fax completed forms to 202-307-4559